

Recovery Works Direct Service Provider - COVID-19 Emergency Plan

Please note, the COVID-19 Emergency Plan was enacted due to Governor Holcomb's declaration for social distancing. When the declaration is removed, Recovery Works COVID-19 plan will no longer be valid.

TELEHEALTH

Effective immediately, Recovery Works will follow the guidelines of the Division of Mental Health and Addictions, and allow tele-health services for all treatment providers (DMHA certified and must currently accept Medicaid). Documentation of services are still required. For group sessions, participants are not required to "sign-off" on the documentation. Recovery Works telehealth guidelines will mirror the guidelines of Medicaid. Recovery Works guidelines will allow group services. Please remember to limit group therapy sessions to 8-10 members per session.

DISCRETIONARY FUND

Funding \$250/participant

Due to the adverse effects of COVID-19 and because of the necessary precautions made, Recovery Works believes it important to assist with some of the necessary expenses to eliminate some of the barriers associated with this emergency. Effective April 1, 2020, Recovery Works will allot \$250 per participant for discretionary funding. This funding can be used to pay for:

- Phone cards for participant cell phones
- Birth Certificates or Driver's License
- US Postal Services (mailing may be necessary for insurance or material purposes)

Providers must document all services billed for the individual in the participant file. Please note, Recovery Works participants cannot be charged additional admin fees, or any service fee that is not currently a billable service to Recovery Works. This discretionary fund is solely intended to assist the participant with obtaining the above necessary items to aid in a successful recovery. Any questions regarding the above fund should be communicated with Recovery Works. Recovery Residences and treatment providers must work together, to ensure there is not a duplication of billing.

CLINICALLY MANAGED RESIDENTIAL ASAM 3.5 and ASAM 3.1

Effective April 1, 2020, providers of a Clinically Managed High Intensity Residential (ASAM 3.5) or Clinically Managed Low Intensity Residential (ASAM 3.1) facility may access Recovery Works Residential Housing Level IV billing standards, after the individual has completed his/her residential stay. This means, when an individual has completed his/her residential treatment program, facilities may continue to house individuals, and bill Recovery Works for Level IV

Housing and Treatment Services. Recovery Works understands the vulnerable state that both the world and this specific population and intends to support ensuring that all participants have access to housing at this difficult time. **ALL 3.5/3.1 FACILITIES WHO WISH TO PARTICIPATE IN THIS SERVICE OPTIONS MUST SUBMIT A JIRA TICKET REQUESTING ACCESS.**

Criteria for ASAM 3.5 and ASAM 3.1 billing Level IV Services:

1. Participant must have completed a residential treatment program with the provider.
2. Providers may bill participants for \$27 per day for room and board, and bill services separately, as required by the individual's treatment plan.
3. Provider must abide by the criteria listed in the Policy & Procedure Manual, as it relates to Recovery Residences and billing standards
4. Providers must provide a plan for the individual upon release, to ensure the participant has access to shelter and continued recovery services.
5. Participant services may not be the same level of services offered at the 3.5 or 3.1 level, as this would be a step-down to those services.

Recovery Residence guidelines can be found on page 50 and 78 of the Recovery Works Policies and Procedures Manual.

INSURANCE GUIDELINES

1. Recovery Works will temporarily waive the 10 day guideline to get the participant connected to insurance. The new guidelines will be 30 days. will
2. Recovery Works will temporarily waive the 45 day limit of participant being approved for insurance, and allot 65 days instead. Any participant that has a need to utilize Recovery Works beyond 65 days, will still require a JIRA ticket to continue billing.

All efforts to secure insurance will continue to require documentation.

WORK RELEASE FACILITIES/JAILS

Recovery Works will provide assistance to Work Release Facilities and/or Jails that are currently utilizing the Recovery Works Program for participants. Recovery Works will assist with payments for equipment necessary to ensure the successful transmission of tele-health services. To access this funding, individual Work Release Facilities and/or Jails must complete application and any documentation that would justify the requested funds, including a budget, itemized list, proof of cost, and/or cost analysis. Please understand, this is considered as aid toward reimbursement for expenses. Facilities wishing to request a refund, must send an email to Recovery.Works@fssa.in.gov by April 7, 2020. Recovery Works will determine how much funding each provider will receive upon approval. The approval amount may not be the actual amount spent.

*****PERMENANT POLICY AND PROCEDURE CHANGE*****

This change will remain in effect during and after the COVID-19 Emergency Declaration

INTENSIVE OUTPATIENT TREATMENT = \$130.59/unit (unit=3hour)

IOT is separate funding category with maximum of eight (8) weeks without prior authorization. PA for continued weeks due to lack of third party payer would be submitted via JIRA. All guidelines for IOT must be met to bill for this service.

IOT is a treatment program that operates at least three (3) hours per day, at least three (3) days per week, and is based on an Individualized Recovery Plan. IOT is planned and organized with Substance Use professionals and clinicians providing multiple treatment service components for rehabilitation of alcohol and other drug abuse or dependence in a group setting. IOT includes group therapy, interactive education groups, skills training, random drug screenings, and counseling. IOT is limited to forty (40) three (3) hour sessions; PA is required for consumers requiring additional units of service. IOT may be provided for eligible participants with a substance-related disorder and:

- Minimal or manageable medical conditions;
- Minimal or manageable withdrawal risk; or
- Emotional, behavioral and cognitive conditions that will not prevent the consumer from benefiting from this level of care.

Because IOT is an intensive service, additional services should be limited based on individual need. Individual services (Individual Mental Health Counseling, Individual Substance Abuse Counseling etc.) may be billed in conjunction with IOT service, but cannot occur on the same date. While an individual is in IOT, other intensive treatment services are not allowed.